


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE 1 OF 5		
2. AMENDMENT/MODIFICATION NO. A002		3. EFFECTIVE DATE November 15, 2016		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
6. ISSUED BY CODE U.S. Embassy Bul. Kneza A. Karadjordjevica 92 11040 Belgrade, Serbia				7. ADMINISTERED BY (If other than Item 6) CODE			
8. NAME AND ADDRESS OF CONTRACTOR (NO., street, city, county, State, and ZIP Code)				X			
				9a. AMENDMENT OF SOLICITATION NO. S-RB100-17-R-0001			
				9b. DATED (SEE ITEM 11) October 6, 2016			
				10a. MODIFICATION OF CONTRACT/ORDER NO.			
				10b. DATED (SEE ITEM 13)			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u> 1 </u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return <u> </u> copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
The purpose of this amendment is to make changes to the solicitation stated in items 1 through 4 below.							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME OF CONTRACTING OFFICER Michael J. Moody			
15B. NAME OF CONTRACTOR/OFFEROR BY _____ (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY  (Signature of Contracting Officer)		16C. DATE SIGNED 11-15-2016	

1. Section G.3. Payment is replaced with new Section G.3 below.

G.3 "Offerors may quote in any currency but payment will be made in RSD for Serbian companies, or in the contracted currency for non-Serbian companies".

2. Section B.6 is replaced by new section B.6 below.

B.6 GROUP LIFE INSURANCE RATES

B.6.1 BASE YEAR OF CONTRACT

Bi-Weekly Rates per Employee:

CLIN	Type of Insurance	Premium (per 1,000) of salary (a)	Estimated Payroll (EUR biweekly, in thousands) (b)	Total (c) = (a) x (b)
1	Death Coverage (C.2.1.2)		310	
2	Total Disability Coverage (C.2.1.3)		310	
3	Total Base Year (CLIN 1+2)			

B.6.2 FIRST OPTION YEAR OF CONTRACT

Bi-Weekly Rates per Employee:

CLIN	Type of Insurance	Premium (per 1,000) of salary (a)	Estimated Payroll (EUR biweekly, in thousands) (b)	Total (c) = (a) x (b)
1	Death Coverage (C.2.1.2)		316	
2	Total Disability Coverage (C.2.1.3)		316	
3	Total First Option Year (CLIN 1+2)			

B.6.3 SECOND OPTION YEAR OF CONTRACT

Bi-Weekly Rates per Employee:

CLIN	Type of Insurance	Premium (per 1,000) of salary (a)	Estimated Payroll (EUR biweekly, in thousands) (b)	Total (c) = (a) x (b)
1	Death Coverage (C.2.1.2)		323	
2	Total Disability Coverage (C.2.1.3)		323	
3	Total Second Option Year (CLIN 1+2)			

B.6.4 THIRD OPTION YEAR OF CONTRACT

Bi-Weekly Rates per Employee:

CLIN	Type of Insurance	Premium (per 1,000) of salary (a)	Estimated Payroll (EUR biweekly, in thousands) (b)	Total (c) = (a) x (b)
1	Death Coverage (C.2.1.2)		329	
2	Total Disability Coverage (C.2.1.3)		329	
3	Total Third Option Year (CLIN 1+2)			

B.6.5 FOURTH OPTION YEAR OF CONTRACT

Bi-Weekly Rates per Employee:

CLIN	Type of Insurance	Premium (per 1,000) of salary (a)	Estimated Payroll (EUR biweekly, in thousands) (b)	Total (c) = (a) x (b)
1	Death Coverage (C.2.1.2)		336	
2	Total Disability Coverage (C.2.1.3)		336	
3	Total Fourth Option Year (CLIN 1+2)			

B.6.6 CONTRACT GRAND TOTAL

(State currency of offer)

Base Year	
First Option Year	
Second Option Year	
Third Option Year	
Fourth Option Year	
CONTRACT GRAND TOTAL	

3. SECTION J, LIST OF EXHIBITS/ATTACHMENTS is amended to include Exhibit D – CUMULATIVE EMPLOYEE AGE GROUP/GENDER/INCOME DATA

Gender	Age	Salary Range										Total
		10-15K	15-20K	20-25K	25-30K	30-35K	35-40K	40-45K	45-50K	50-55K	55-60K	
Male	18-24	0	0	0	0	0	0	0	0	0	0	0
Female	18-24	0	0	0	0	0	0	0	0	0	0	0
Male	25-29	4	2	0	0	0	0	0	0	0	0	6
Female	25-29	0	1	0	0	0	0	0	0	0	0	1
Male	30-34	6	5	3	0	0	0	0	0	0	0	14
Female	30-34	0	2	1	0	0	1	0	0	0	0	4
Male	35-39	4	13	4	1	1	1	0	0	0	0	24
Female	35-39	2	3	2	5	6	0	0	0	0	0	18
Male	40-44	1	19	9	3	4	3	2	0	1	1	43
Female	40-44	0	1	2	8	5	1	2	1	0	1	21
Male	45-49	2	25	13	7	2	2	1	3	0	0	55
Female	45-49	0	3	0	7	5	2	2	1	0	0	20
Male	50-54	0	16	11	2	4	1	0	2	0	0	36
Female	50-54	0	1	0	6	1	2	0	0	0	0	10
Male	55-59	0	9	12	1	4	0	3	0	0	0	29
Female	55-59	1	1	0	4	2	2	1	1	1	0	13
Male	60-65	0	10	3	2	2	1	0	0	0	0	18
Female	60-65	0	0	0	0	0	0	0	0	0	0	0
Total		20	111	60	46	36	16	11	8	2	2	312

4. The due date for the submission of proposals is extended from 17:00 local time on November 18, 2016 to 17:00 local time on November 22, 2016.

INSTRUCTION TO OFFERORS:

Please complete Items 8 and 15a, b & c of the above form and submit a copy of this Amendment with your proposal. Failure to acknowledge this amendment by signing and including it with your proposal may result in the rejection of your bid as non-responsive.

(End of Amendment)

